

CORRUPTING INFLUENCE

PURDUE & the WHO

REPORT:

**EXPOSING DANGEROUS OPIOID MANUFACTURER
INFLUENCE AT THE WORLD HEALTH ORGANIZATION**

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**FROM THE OFFICES OF REPRESENTATIVES
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EXECUTIVE SUMMARY

In 2017, several members of Congress sent a letter to the World Health Organization (WHO) warning that Purdue Pharma L.P. (Purdue), was attempting to expand their drug sales to international markets using the same fraudulent marketing tactics that instigated the opioid crisis in the United States. We expressed our concern that Purdue's expansion could trigger an opioid crisis on a global scale. When the WHO failed to respond to the letter, we began to question why they would remain silent about such a significant and devastating public health epidemic. The answers we found are deeply disturbing.

In the 1990s, Purdue and the Sackler family, the company's owners, developed an aggressive marketing strategy to increase its sales of OxyContin. According to Purdue's own internal planning documents, the company sought to influence the WHO's recommendations on how health care providers and policy makers should administer prescription opioids. Almost a decade later, multiple aspects of Purdue's marketing strategy were included in two WHO guidelines on opioid prescribing.

In 2011, the WHO published a document called *Ensuring Balance in National Policies on Controlled Substances, Guidance for Availability and Accessibility of Controlled Medicines (Ensuring Balance)*. *Ensuring Balance* was written as an update to a previous WHO guideline that focused solely on cancer pain. *Ensuring Balance* corroborates the oft-repeated Purdue claim that dependence occurs in less than one percent of patients, despite no scientific evidence supporting this claim and a multitude of studies contradicting it. It states: "Opioid analgesics, if prescribed in accordance with established dosage regimens, **are known to be safe and there is no need to fear accidental death or dependence.**"

Following the publication of *Ensuring Balance*, the WHO published a second document in 2012 called *Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses (Persisting Pain in Children)*. This document was also created as an update to a previous guideline that focused exclusively on using opioids to treat cancer pain in children. This guideline uses the marketing term coined by the opioid industry and utilized often by Purdue: 'opiophobia.' Opiophobia is how the opioid industry defines a physician's "unreasonable fear" of prescribing opioids. *Persisting Pain in Children* tries to overcome 'opiophobia' by emphasizing the safety of opioids. The WHO claims that **there is no maximum dosage of strong opioids, like OxyContin, for children.** The WHO published this claim despite the fact that U.S. public health agencies have found that fatal

overdoses skyrocket in adult patients who are prescribed above 90 morphine milligram equivalents (MME) per day.

What is most striking about *Persisting Pain in Children* is that it completely eliminates the second step on the WHO's model of treating pain: a three-step pain treatment ladder. Under the initial guideline, the WHO recommended that physicians start pain patients on non-opioids like Tylenol before moving patients "up the ladder" to a combination of non-opioids with low strength opioids. If the first two steps were unable to treat the patient's pain, then the WHO recommended moving up to strong opioids like OxyContin. Purdue's planning documents from the late 1990s identified replacing combination drugs with OxyContin on step two of the WHO's pain ladder as an important part of their marketing strategy. In 2012, the WHO gave Purdue exactly what they wanted. Now, in *Persisting Pain in Children*, if a child's pain is assessed as moderate to severe, the WHO recommends skipping step two altogether and moving straight from non-opioid medication to strong opioids such as OxyContin.

Evidence shows that the content in *Ensuring Balance* and *Persisting Pain in Children* was influenced by many organizations and individuals known to have financial ties to Purdue and to other major players in the opioid industry. The web of influence we uncovered, combined with the WHO's recommendations, paints a picture of a public health organization that has been manipulated by the opioid industry. It is concerning that the recommendations in these two documents, containing content that benefits the opioid industry, is now being used as reference material for a multitude of other publications.

We are highly troubled that, after igniting the opioid epidemic that cost the United States 50,000 lives in 2017 alone and tens of billions of dollars annually, Purdue is deliberately using the same playbook on an international scale. Moreover, we are disturbed that the WHO, a trusted international agency, appears to be lending the opioid industry its voice and credibility. Based on the course of events that has taken place in the U.S. over the past 20 years, if the recommendations in these WHO guidelines are followed, there is a significant risk of sparking a worldwide public health crisis.

The following report is a compilation of publicly available information that details how Purdue was able to accomplish its goal of disseminating misleading information on opioid prescribing to the international community. This report raises questions about the integrity and accuracy of the WHO's opioid prescription guidelines and the influence Purdue may have had on their development. As we are limited to publicly available

Executive Summary

information, it is possible that there may be more to uncover regarding Purdue and the Sackler family's efforts to expand internationally.

I. THE WHO WAS SILENT IN THE FACE OF AN EPIDEMIC

Purdue Pharma L.P. (Purdue) and the Sackler family, the company's founders and present-day owners, are widely attributed with instigating the U.S. opioid crisis by marketing OxyContin as a safe and effective opioid prescription. Because of Purdue's role in igniting the opioid epidemic in the United States, the company is currently being sued by multiple states and hundreds of smaller jurisdictions (see Appendix A).¹ But it was not until recently that we became aware of Purdue's efforts to expand into international markets.

In 2016, the *Los Angeles Times* revealed that, through an international network of companies called Mundipharma, the Sackler family has been deploying the same tactics abroad that were so effective in raising the U.S. rates of opioid prescriptions (and rates of substance use disorder and overdose death).² In its investigation, the *Los Angeles Times* detailed the international expansion of the opioid industry's established pattern of diminishing the perceived risks of opioids and then using trusted sources and groups to aggressively market their safety and efficacy to medical doctors.

Following the *Los Angeles Times* exposé, several Members of Congress sent a letter (see Appendix B) expressing apprehension that if Purdue were permitted to utilize similar marketing tactics in the international market, the global community may face the beginnings of a worldwide public health crisis. The WHO never responded, and this failure to reply prompted our investigation into the WHO's ties to Purdue and our examination of the WHO's public health recommendations on the use of prescription opioids.

II. PURDUE MAPS OUT MARKETING STRATEGIES

In the 1990s, Purdue began producing OxyContin, a potent opioid with highly addictive properties.³ The quick and exponential rise in sales of OxyContin can be

¹Jonathan Stempel, "New York Sues OxyContin Maker Purdue Over Opioids," *Reuters*, Aug. 14, 2018, www.reuters.com/article/us-usa-opioids-purduepharma/new-york-sues-oxycotin-maker-purdue-pharma-over-opioids-idUSKBN1KZ1WZ; Tom Winter and Rich Schapiro, "Pennsylvania sues Oxycontin maker Purdue Pharma, says it targeted elderly and vets," *NBC News*, May 15, 2019, <https://www.nbcnews.com/news/us-news/pennsylvania-sues-oxycotin-maker-purdue-pharma-says-it-targeted-elderly-n1005586>.

²Harriet Ryan, Lisa Girion, Scott Glover, "OxyContin Goes Global—"We're Only Just Getting Started,"" *Los Angeles Times*, Dec. 18, 2018, www.latimes.com/projects/la-me-oxycotin-part3/.

³Purdue Pharma, "About Purdue Pharma", last modified 2019, (accessed February 2019) <https://www.purduepharma.com/about/#&panel1-36>; Harriet Ryan, Lisa Girion, Scott Glover, "'You Want a Description of Hell?' OxyContin's 12-Hour Problem," *Los Angeles Times*, May 5, 2016, www.latimes.com/projects/oxycotin-part1/.

attributed to Purdue's deliberate three-pronged strategy that successfully encouraged doctors to increase the use and prescription of opioids:

- 1) Expand the use of OxyContin to reach patients suffering from non-cancer pain (such as chronic back pain) and replace the prescription of combination pain medication – i.e. ibuprofen and a weak opioid – with OxyContin;⁴
- 2) Aggressively market OxyContin to clinicians by falsely minimizing the drug's addictive potential and maximizing its effectiveness;⁵ and
- 3) Deliberately spread misinformation by building financial relationships with trusted physician groups, patient groups, and advocacy organizations.⁶

Prong 1:

Purdue recognized it could maximize its profits if OxyContin was utilized by patients suffering from both cancer-related pain and non-cancer pain. In its 1997 Budget Plan, the company listed one of its objectives: “To roll out OxyContin into the non-malignant pain market by positioning it as an alternative to shorter acting opioids.”⁷ In 1998, Purdue emphasized the potential returns on this strategy by saying that “[t]he market for OxyContin Tablets consists of patients with both cancer pain and non-cancer pain. The non-cancer pain market is much larger.”⁸ Purdue was even reluctant to describe OxyContin as a cancer pain drug because they didn't want to lose out on the potential profits within the non-cancer pain market.⁹

⁴Purdue Pharma, “1996 Budget Plans,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/; Purdue Pharma, “1997 Budget Plan,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/.

⁵David Armstrong, “Secret Trove Reveals Bold ‘Crusade’ to Make OxyContin a Blockbuster,” *STAT News*, Sept. 22, 2016, www.statnews.com/2016/09/22/abbott-oxycontin-crusade/.

⁶Aaron Kessler, Elizabeth Cohen, Katherine Grise, “CNN Exclusive: The More Opioids Doctors Prescribe, The More Money They Make,” *CNN*, March 12, 2018, www.cnn.com/2018/03/11/health/prescription-opioid-payments-eprise/index.html; Celine Gounder, “Who is Responsible for the Pain-Pill Epidemic?,” *The New Yorker*, November 8, 2013, online at www.newyorker.com/business/currency/who-is-responsible-for-the-pain-pill-epidemic; Andrew Kolodny, David T. Courtwright, Catherine S. Hwang, Peter Kreinter, John L. Eadie, Thomas W. Clark, and G. Caleb Alexander, “The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction,” *Annual Review of Public Health* no. 36 (2015):559-74.

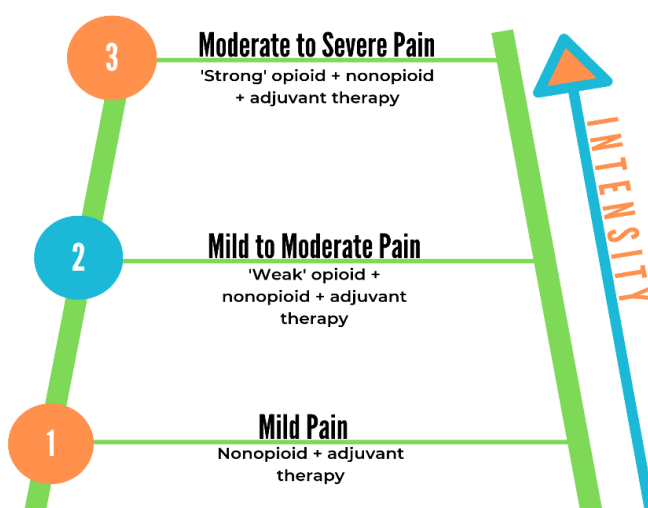
⁷Purdue Pharma, “1997 Budget Plan,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/.

⁸Purdue Pharma, “1998 Budget Plan,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/.

⁹David Armstrong, “Purdue’s Sackler Embraced Plan to Conceal OxyContin’s Strength from Doctors, Sealed Deposition Shows,” *STAT*, February 21, 2019, online at <https://www.statnews.com/2019/02/21/purdue-pharma-richard-sackler-oxycontin-sealed-deposition/>.

The expansion into the non-cancer chronic pain market was closely tied to establishing OxyContin as the preferred alternative to prescribing combination pain medicine. At the time, the WHO was still recommending the use of their three-step analgesic ladder for the treatment of pain. The ladder recommended physicians prescribe combination pain medication before moving on to strong opioids like OxyContin. Under this three-step model approach, prescribers are instructed to first give patients non-opioid pain relievers such as Nonsteroidal Anti-inflammatory Drugs (NSAIDs) and Acetaminophen for mild pain. If the pain escalated to moderate pain, the WHO recommended using drugs comprised of a combination of non-opioids and a weaker opioid. Finally, if patients were experiencing severe pain, they should be given strong opioids like morphine or oxycodone. See Figure 1 for a visual depiction of the WHO's 3-step pain ladder.¹⁰

FIGURE 1: THE WHO'S 3-STEP PAIN LADDER



As a trusted public health organization, the WHO's recommendation to use combination pain medication before trying strong opioids like OxyContin represented an obstacle to Purdue's marketing strategy. Purdue made this clear in their 1996 Budget Plan that stated, "Fixed combination opioids...have been the drugs of choice for treating

¹⁰World Health Organization, Geneva, *Cancer Pain Relief*, 1986, (accessed May 20, 2019) https://apps.who.int/iris/bitstream/handle/10665/43944/9241561009_eng.pdf. The WHO created the 3-step pain ladder in 1986.

moderate to moderately severe cancer pain (W.H.O. Step 2) Combination opioids are considered primary competition for OxyContin.”¹¹

Purdue’s 1996 Budget Plan went on to establish the following marketing objective: “To establish OxyContin as the opioid of choice in Step 2 of the W.H.O. analgesic stepladder.” The Budget Plan goes on to say: “To displace MS Contin and Duragesic in Step 3 of the W.H.O. analgesic stepladder, by positioning OxyContin as the opioid **to start with and stay with**, thereby expanding the usage of Step 2.”¹²

Purdue remained resolute about transforming the WHO ladder. Five years later, Purdue’s 2001 Budget Plan stated that “OxyContin Tablets are recommended and promoted for Steps 2 and 3 of the W.H.O. analgesic ladder...Physicians’ understanding of the utility and appropriateness of OxyContin Tablets therapy for persistent pain lasting more than a few days will be essential to our efforts to compete with the Step 2 opioid combination products.”¹³

Prong 2:

The second successful aspect of Purdue’s marketing strategy was to downplay the addictive potential of OxyContin by misinforming doctors about the use of opioids. For instance, Purdue trained its sales and marketing team to tell doctors that the risk of developing a substance use disorder was “**less than one percent**,” a claim based on an infamous, discredited 1980 letter to the editor of the *New England Journal of Medicine* known as the “Porter and Jick” letter.¹⁴ The WHO would later repeat this claim in its 2011 and 2012 guidelines.

¹¹Purdue Pharma, “1996 Budget Plans,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/.

¹²*Id.*

¹³Purdue Pharma, “2001 Budget Plans,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/.

¹⁴Barry Meier, *Pain Killer: A "Wonder" Drug's Trail of Addiction and Death* (United States of America: Rodale Inc., 2003), 8, 99, <https://books.google.com/books?hl=en&lr=&id=c4sqn5WAwYC&oi=fnd&pg=PA5&ots=vmvuMnsp93&sig=Mb9PxUviMUwIDOhQ359Y739Ve54#v=onepage&q&f=false>; Van Zee, *The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy*, *American Journal of Public Health* (Feb. 2009); *How a Short Letter in a Prestigious Journal Contributed to the Opioid Crisis*, *Washington Post*, (June 2, 2017) (online at https://www.washingtonpost.com/news/morning-mix/wp/2017/06/02/how-the-opioid-crisis-traces-back-to-a-five-sentence-scholarly-letter-from-1980/?utm_term=.67a850250963); *This One-Paragraph Letter May Have Launched the Opioid Epidemic*, *Business Insider* (May 26, 2016) (online at www.businessinsider.com/porter-and-jick-letter-launched-the-opioid-epidemic-2016-5). In 1980, Doctor Hershel Jick and his graduate student sent a short letter to the *New England Journal of Medicine* claiming that individuals are unlikely to develop an addiction after using painkillers. Unfortunately, their methodology was later shown to be unsound and never confirmed. Instead, over

Part of Purdue's effort to minimize the addictive properties of opioids was tied to its goal of keeping patients on opioids longer. Purdue's efforts are further described in a pending lawsuit brought by the Commonwealth of Massachusetts against Purdue:

...Purdue deceived doctors into keeping patients on opioids for longer and longer periods of time. Purdue gave its salespeople explicit instructions to 'extend average treatment duration.' Purdue's business plans valued patients by how long they could be kept on Purdue's opioids and targeted patients who could be kept on opioids for more than a year. To 'drive sales and profitability,' Purdue deliberately worked to keep patients on its opioids longer.¹⁵

The complaint sets forth a detailed explanation of some of the other deceptive practices that Purdue and its salespeople employed in order to advertise the "safety" of OxyContin, including that opioids have "no ceiling dose;" that "NSAIDs and Tylenol" have "life-threatening" side effects, while opioids are "the gold standard of pain medications;" and that Purdue funded "switch research" to "understand what triggers prescribers to switch patients" from safer NSAIDs to more dangerous opioids.¹⁶

Prong 3:

Purdue strategically employed a third strategy to overcome what the opioid industry called "opiophobia": a marketing term describing any fear medical professionals may have about prescribing opioids due to concerns about their risks or side effects.¹⁷ Relying on the assumption that medical professionals would listen to individuals and organizations they trusted, Purdue began to foster financial partnerships to compromise patient and physician pain groups. These partnerships allowed Purdue to subversively market its misinformation by funneling it through seemingly unbiased organizations that

600 scholars have inaccurately cited this letter and spread the misinformation. This letter was also widely used by opioid manufacturers to back up their claims that opioids carried a very low risk of addiction.

¹⁵Complaint, *Commonwealth v. Purdue Inc. et al*, No. 1884-cv-01808, at 24, Mass. Super. Ct. June 12, 2018, www.mass.gov/files/documents/2018/06/12/Purdue%20Complaint%20FILED.pdf.

¹⁶*Id.*, at 28-29.

¹⁷German Lopez, "The Maker of OxyContin Will Finally Stop Marketing the Addictive Opioid to Doctors," *Vox*, Feb. 12, 2018, online at www.vox.com/science-and-health/2018/2/12/16998122/opioid-crisis-oxycontin-purdue-advertising; see note 2 (OxyContin Goes Global).

advocated for relieving and treating chronic pain.¹⁸ The *Annual Review of Public Health* describes Purdue's intricate strategy: "Between 1996 and 2002, Purdue Pharma funded more than 20,000 pain-related educational programs through direct sponsorship or financial grants and launched a multifaceted campaign to encourage long-term use of [opioid painkillers] for chronic non-cancer pain."¹⁹ These doctors and organizations, knowingly or not, functioned as fronts, lending their credibility to Purdue's false and misleading marketing claims.

As shown by the company's exponential increase in opioid sales and profits, Purdue's documented marketing strategies worked.²⁰ Trusted public health organizations convinced doctors that opioids were safe and effective and, in turn, doctors focused their efforts on minimizing pain for patients by increasing prescriptions for these highly addictive drugs.

III. WHO GUIDELINES ARE SERVING AS MARKETING MATERIALS FOR PURDUE

When we sent our warning letter, we were unaware that the WHO had already published two opioid prescription guidelines that repeatedly affirmed and advanced Purdue's central marketing claim that opioids are safe and effective while downplaying their addictive properties. In fact, the opioid industry's influence on these reports began at least a decade before we sent our letter.²¹

¹⁸Celine Gounder, "Who is Responsible for the Pain-Pill Epidemic?," *The New Yorker*, November 8, 2013, online at www.newyorker.com/business/currency/who-is-responsible-for-the-pain-pill-epidemic.

¹⁹Andrew Kolodny, David T. Courtwright, Catherine S. Hwang, Peter Kreinter, John L. Eadie, Thomas W. Clark, and G. Caleb Alexander, "The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction," *Annual Review of Public Health* no. 36 (2015):559-74.

²⁰Katherin Eban, "OxyContin: Purdue's Painful Medicine," *Fortune*, November 9, 2011, fortune.com/2011/11/09/oxycontin-purdue-pharmas-painful-medicine/; Julie Scharper, "Administered for Pain, Drugs like OxyContin Have Taken a Massive Toll," *Johns Hopkins Magazine*, Fall 2016, hub.jhu.edu/magazine/2016/fall/opioid-addiction-pain-management/. In 1996, the year OxyContin was released on the market, they made \$45 million. In 2002, they made \$1.5 billion and then doubled their sales in seven years, pulling in nearly \$3 billion in 2009. Overall, prescription opioid sales nearly quadrupled from 1999 to 2014.

²¹John Fauber, "UW a Force in Pain Drug Growth," *Journal Sentinel*, Apr. 4, 2011, archive.jsonline.com/watchdog/watchdogreports/119130114.html/; World Health Organization, *Achieving Balance in National Opioids Control Policy: Guidelines for Assessment*, 2000, <http://apps.who.int/medicinedocs/pdf/whozip39e/whozip39e.pdf>. Purdue's involvement may have begun earlier than 2007. In 2000, the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin Pain & Policy Studies Group published a guideline, *Achieving Balance in National Opioids Control Policy: Guidelines for Assessment*, which would serve as the basis for the WHO's later document: *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines*. In 2011, the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin Pain & Policy Studies Group revealed that from 1999 to 2010, it had accepted over \$1.6 million from Purdue.

The WHO began seeking input on the formulation of these two guidelines in 2007, and 8 of the 21 organizations the WHO consulted had known financial relationships with the opioid industry (see Appendix C).²² Moreover, the WHO collected this input in the form of a Delphi Study, a specific methodology that relies on the principle of reaching consensus among the surveyed participants.²³ Given its ties to one-third of the survey participants, the opioid industry had a significant influence on the “consensus” that was ultimately reached for WHO guidelines.

Armed with this opioid industry feedback, the WHO set out to update their guidelines on prescribing opioids: *Ensuring Balance in National Policies on Controlled Substances, Guidance for Availability and Accessibility of Controlled Medicines (Ensuring Balance)* and *Guideline 2: WHO Guidelines on the Pharmacological Treatment of Persisting Pain in Children (Persisting Pain in Children)*.²⁴

A review of these guidelines makes it clear that the ‘problem’ the WHO seems to be addressing is not how to limit the use of these highly addictive drugs, but rather how to eliminate barriers to their use.

²²World Health Organization, *WHO Normative Guidelines on Pain Management: Report of a Delphi Study to Determine the Need for Guidelines and to Identify the Number and Topics of Guidelines that Should be Developed by WHO*, Jun. 2007, www.who.int/medicines/areas/quality_safety/delphi_study_pain_guidelines.pdf; Matthew Perrone, “Federal Pain Panel Rife with Links to Pharma Companies,” *The Seattle Times*, January 27, 2016, www.seattletimes.com/business/federal-pain-panel-rife-with-links-to-pharma-companies/). In addition to these opioid industry-funded organizations, the WHO’s final report of the Delphi Study consulted individuals known for their advocacy in favor of expanding the use of prescription opioids. Principal among these was Kathleen Foley, a central figure in the opioid industry’s campaign (see Table 2). Her work has been so valuable to Purdue that the company donated \$1.5 million to endow a chair in her name.

²³RAND Corporation, “Delphi Method,” (accessed May 2, 2019) <https://www.rand.org/topics/delphi-method.html>.

²⁴World Health Organization, *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines*, 2011, apps.who.int/iris/bitstream/handle/10665/44519/9789241564175_eng.pdf?sequence=1; World Health Organization, *WHO Guidelines on the Pharmacological Treatment of Persisting Pain in Children with Medical Illness*, 2012, apps.who.int/iris/bitstream/handle/10665/44540/9789241548120_Guidelines.pdf;jsessionid=196A5F9B0C8A8F830A79E845949983D2?sequence=1.

Guideline 1: Ensuring Balance in National Policies on Controlled Substances, Guidance for Availability and Accessibility of Controlled Medicines

The foundation upon which all of Purdue's marketing strategies are built is the idea that prescription opioids are safe and effective. Central to this misrepresentation is the discredited claim that dependence occurs in less than one percent of patients.²⁵ The 2011 WHO guideline, *Ensuring Balance*, both repeats this false claim and then further minimizes the risk of developing a substance use disorder. According to the guideline:

It should be recognized that controlled medicines, when used rationally for medical purposes, are safe medicines. Opioid analgesics, if prescribed in accordance with established dosage regimens, are known to be safe and there is no need to fear accidental death or dependence. A systematic review of research papers concludes that only 0.43% of patients with no previous history of substance abuse treated with opioid analgesics to relieve pain abused their medication and only 0.05% developed dependence syndrome.²⁶

By 2011, a study from the National Institute on Drug Abuse (NIDA) had discredited this claim by reporting that substance use disorders among chronic pain patients treated with opioids ranged between 3 and 40 percent.²⁷ By 2019, NIDA had found that between 8 and 12 percent of individuals prescribed opioids end up developing an opioid use disorder.²⁸ Based on NIDA's 2019 numbers, **160 to 240 times more people** will develop a substance use disorder from prescription opioids than the WHO guideline claims. It is difficult to imagine that the WHO could have been unaware that their claim was widely

²⁵See note 14 (One-Paragraph Letter); Russell Portenoy, Kathleen Foley, "Chronic use of opioid analgesics in non-malignant pain: report of 38 cases.", *Pain* no.25 (1986):171-86. Two individuals with strong ties to the opioid industry, Russell Portenoy and Kathleen Foley, also wrote an academic article that supported this claim. This article has served as a reference for doctors, patient groups, and other pain studies that helped spread this falsity.

²⁶World Health Organization, "*Ensuring Balance*," at 15.

²⁷U.S. Department of Health and Human Services, National Institute of Health, National Institute on Drug Abuse, *Prescription Drugs: Abuse and Addiction*, October 2011, at 13, www.documentcloud.org/documents/277623-nih-prescription-research-series#document/p13/a41513.

²⁸U.S. Department of Health and Human Services, National Institute of Health, National Institute on Drug Abuse, *Opioid Overdose Crisis*, last modified January 2019, (accessed Feb. 27, 2019) <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis#eight>.

disputed. Moreover, it seems impossible that the agency remains unaware of the true risk of substance use disorder today. Yet, *Ensuring Balance* remains available to the public, continuing the spread of this dangerous misinformation.

Once the WHO accepted the premise that prescription opioids are safe and effective, they focused their efforts on how best to maximize access. It is clear from the title of the guideline itself, the “balance” the WHO is trying to “ensure” involves reducing the number of prescription opioids policies that restrict access to opioids in favor of increased access. The guideline emphasizes this point:

As far back as 1989, the [International Narcotics Control Board (INCB)] drew attention to some governments’ overreaction to the drug abuse problem when “the reaction of some legislators and administrators to the fear of drug abuse developing or spreading has led to the enactment of laws and regulations that may, in some cases, **unduly impede the availability of opiates.**”²⁹

Ensuring Balance also expresses concern that restrictive drug control policies could stigmatize the use of opioids and thereby reinforce what Purdue calls “opiophobia.” For example, it makes the following recommendation: “Terminology in national drug control legislation and policies should be clear and unambiguous in order not to confuse the use of controlled medicines for medical and scientific purposes with misuse.” It goes on to say, “it is recommended to avoid the use of stigmatizing terms like ‘dangerous drugs’, ‘addiction’, etc. for controlled medicines in legislation.”³⁰

Furthermore, in line with the first prong of Purdue’s strategy to expand the use of opioids to non-cancer pain, the WHO justified the creation of *Ensuring Balance* on the premise that the WHO’s earlier set of guidelines, *Achieving Balance in National Opioids Control Policy: Guidelines for Assessment*, placed too much emphasis on cancer patients.³¹ The WHO recommends the use of opioids for both moderate and severe chronic pain, despite the fact that no reliable evidence exists proving that the long-term use of opioids for chronic non-cancer pain is safe or effective.³²

²⁹World Health Organization, “*Ensuring Balance*,” at 16.

³⁰World Health Organization, “*Ensuring Balance*,” at 28-29.

³¹World Health Organization, “*Ensuring Balance*,” at 3.

³²Alex Smith, “Opioids Don’t Beat Other Medications for Chronic Pain,” *NPR*, March 6, 2018, www.npr.org/sections/health-shots/2018/03/06/590837914/opioids-dont-beat-other-medications-for-chronic-pain; Deborah Dowell, MD, Tamara M. Haegerich, PhD, Roger Chou, MD, “CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016,” *Maternal Mortality Weekly Report*, 65, (2016):1–49,

Ensuring Balance goes on to make a bold claim that there should be **no maximum daily dosage of strong opioids**. The guideline says:

When balancing drug control legislation and policies, it is wise to leave medical decisions up to those who are knowledgeable on medical issues. Therefore, the amount of medicine prescribed, the appropriate formulation and the duration of treatment should be the practitioner's decision, based on individual patient needs and on sound scientific medical guidance (e.g. national or WHO treatment guidelines). An example of how this rule may sometimes be violated is the legal restriction on the maximum daily dosage of strong opioids. Another example is the limitation of the use of strong opioids only to certain conditions such as cancer pain or terminal cancer pain, while other moderate to severe pain remains unaddressed.³³

The WHO published this recommendation even though the *Journal of the American Medical Association* had already found a clear association between higher rates of opioid prescribing and higher rates of overdose deaths.³⁴

When viewed through the lens of the opioid crisis in the United States, *Ensuring Balance's* recommendations are shocking. The WHO appears to conclude that prescription opioids are safe and effective; that countries should avoid policies that limit or discourage their use; and that no restrictions should be placed on their strength or length of use. The WHO's second guideline goes even further.

Guideline 2: WHO Guidelines on the Pharmacological Treatment of Persisting Pain in Children

While *Ensuring Balance* uses the WHO's credibility to validate the opioid industry's false safety claims, *Persisting Pain in Children* incorporates Purdue's

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>. In 2016, the CDC further debunked the myth that opioids are effective for chronic non-cancer pain with its release of "Guidelines For Prescribing Opioids For Chronic Pain," which recommends that doctors exercise caution when prescribing opioids for chronic pain.

³³World Health Organization, "*Ensuring Balance*," at 29-30.

³⁴Amy S. B. Bohnert, Marcia Valenstein, Matthew J. Bair, "Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths," *Journal of the American Medical Association* 305(13) (2011): 1315-1321, <https://jamanetwork.com/journals/jama/fullarticle/896182>.

marketing terminology. By 2012, the WHO had adopted the use of the marketing term “opiophobia.” In section 4.3 it states:

Changing the regulatory framework for opioid analgesics, for example, by reducing the burden of dispensing procedures will not automatically result in increased access to pain medication as it will have no effect on unreasonable fear of opioid use (“opiophobia”) among clinicians, pharmacists, nurses, patients and their families. In order to change attitudes, a major effort should be made to educate them on the rational use of opioid medicines.³⁵

Persisting Pain in Children downplays the risk of developing a substance use disorder by referring to “opiophobia” as an “unreasonable fear.” Rather than acknowledge the highly addictive nature of opioids, the WHO insinuates that providers and families are simply ignorant of the benefits of opioid medicines.

Persisting Pain in Children also contains some eerily similar recommendations to Purdue’s own materials. For instance, the guideline claims that “[t]here is no specific or maximum dose of opioids that can be predicted in any individual case. The correct dose should be determined in collaboration with the patient to achieve the best possible pain relief with side-effects acceptable to the patient.”³⁶ The claim that there is no maximum dose of opioids is a central piece of Purdue’s marketing strategy.³⁷ In addition, when *Persisting Pain in Children* was published, the medical community was already recognizing that higher doses of opioids are not more effective in relieving chronic pain, and that higher doses of opioids significantly raise the risks of overdose and death.³⁸ Similar to Purdue’s marketing strategies, the guideline goes on to conclude that no limit

³⁵World Health Organization, “*Persisting Pain in Children*,” at 56.

³⁶World Health Organization, “*Persisting Pain in Children*,” at 40.

³⁷Zack Budryk, “Pennsylvania attorney general sues Purdue Pharma over opioid epidemic,” *The Hill*, May 14, 2019, <https://thehill.com/homenews/state-watch/443650-pennsylvania-attorney-general-sues-purdue-pharma-over-opioid-epidemic>.

³⁸Centers for Disease Control and Prevention, *Calculating Total Daily Dose of Opioids for Safer Dosage*, 2016, (accessed on Sept. 4, 2018) www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf. In 2016, the CDC released its own guidance called, “Calculating Total Daily Dose of Opioids for Safer Dosage.” The CDC noted that, among chronic pain patients at the Veterans Health Administration (VHA) who were receiving opioids from 2004 to 2009, the average prescribed dosage of patients who died of opioid overdoses was 98 MME per day. Comparatively, patients only prescribed 48 MME per day did not die from overdoses. Based on this study, and other similar statistics, the VHA goes on to recommend that providers “[a]void or carefully justify increasing dosages to ≥ 90 MM/day.”

should be placed on the “quantity of medicines or the length of the treatment inscribed in a prescription,” despite the fact that longer prescriptions significantly increase the likelihood of opioid dependence.³⁹ The WHO has so thoroughly bought into Purdue’s assertion that opioids are safe and effective, it recommends no maximum opioid dosages, **even for children.**

Moreover, the guideline goes on to highlight the risks of using non-opioid painkillers while downplaying the risks of opioids. According to the guideline: “The risks associated with strong opioids are recognized but are acceptable in comparison to the uncertainty associated with codeine and tramadol.” On the following page, in a risks/benefits analysis for a recommendation on paracetamol (acetaminophen) and NSAIDs, the guideline says, “The long-term safety of both paracetamol and NSAIDs in children is unknown. There are concerns about potential renal and gastrointestinal toxicity and bleeding with NSAIDs. There are well-described risks of acute overdose associated with paracetamol. There is age restriction in the use of ibuprofen below three months of age.”⁴⁰

Worse, the WHO provides these recommendations even though it admits it has relatively little evidence to substantiate them. The introduction of *Persisting Pain in Children* makes it clear that the source material used to inform the guideline’s recommendations is ambiguous: “The majority of the studies considered in these guidelines have been conducted in children with acute pain and do not appropriately address research questions regarding children requiring long-term pain treatment.”⁴¹

Later in the document, the WHO indicates that every recommendation related to practices involving opioid prescriptions are based on what the guidelines themselves call “low” or “very low” quality of evidence. And yet despite this low quality of evidence, **all** of *Persisting Pain in Children*’s recommendations for policy makers are intended to be followed “unequivocally,” and it is “a measure of good quality care” for clinicians to adhere to these recommendations.⁴² In other words, the WHO is unambiguously recommending that highly addictive, dangerous opioids should be available to children

³⁹World Health Organization, “*Persisting Pain in Children*,” at 138; Beth Mole, “With a 10-Day Supply of Opioids, 1 in 5 Become Long-Term Users,” *Ars Technica*, March 18, 2017, arstechnica.com/science/2017/03/with-a-10-day-supply-of-opioids-1-in-5-become-long-term-users/. When patients receive an opioid prescription for a five-day supply, their chances of still being on opioids a year later are about ten percent. When they receive a ten-day supply, that chance leaps up to 20 percent.

⁴⁰World Health Organization, “*Persisting Pain in Children*,” at 85-86.

⁴¹World Health Organization, “*Persisting Pain in Children*,” at 10.

⁴²World Health Organization, “*Persisting Pain in Children*,” at 14.

even though they openly recognize that there is little evidence to support that recommendation, and that any further research on the topic would “likely” change the suggested course of action.

Finally, in the ultimate act of deference to Purdue’s marketing strategy, *Persisting Pain in Children* makes a dramatic change to the WHO’s three-step analgesic ladder for the treatment of pain (See Figure 1). It replaces the three-step model with a two-step approach by completely eliminating the recommendation to use weaker combination opioids—the drugs Purdue identified as their primary competition—before moving a patient to strong opioids like OxyContin.⁴³ In the updated model, the WHO recommends moving a child from non-opioids such as NSAIDs and Tylenol straight to strong opioids with no intermediary step.⁴⁴ Purdue could not have hoped for a better outcome.

IV. FOLLOW THE MONEY: WHO HELPED MARKET FOR PURDUE?

We know that one key to Purdue’s (and the entire opioid industry’s) success in the United States was their strategy of funding organizations, people, and research that promoted the company’s marketing goals. We have discovered that many of these same actors are directly affiliated with the work of the WHO. It is evident that Purdue and the wider opioid industry exerted significant influence on the WHO as the organization developed and wrote its guidelines on the use of opioid prescriptions.

Without having access to complete financial records for each of these organizations and individuals, we are unable to say with certainty that money flowed directly from Purdue to the WHO. With the evidence we were able to find in public records, the visual (Figure 2) and the tables below begin to untangle the intricate threads between Purdue, the broader opioid industry, and the WHO.

⁴³Purdue Pharma, “1996-2002 Budget Plans,” reports available by Kaiser Health News, June 13, 2018, khn.org/news/purdue-and-the-oxycontin-files/.

⁴⁴World Health Organization, “*Persisting Pain in Children*,” at 37-41.

Figure 2

FIGURE 2: INFLUENTIAL ORGANIZATIONS AND PEOPLE WITH TIES TO THE OPIOID INDUSTRY

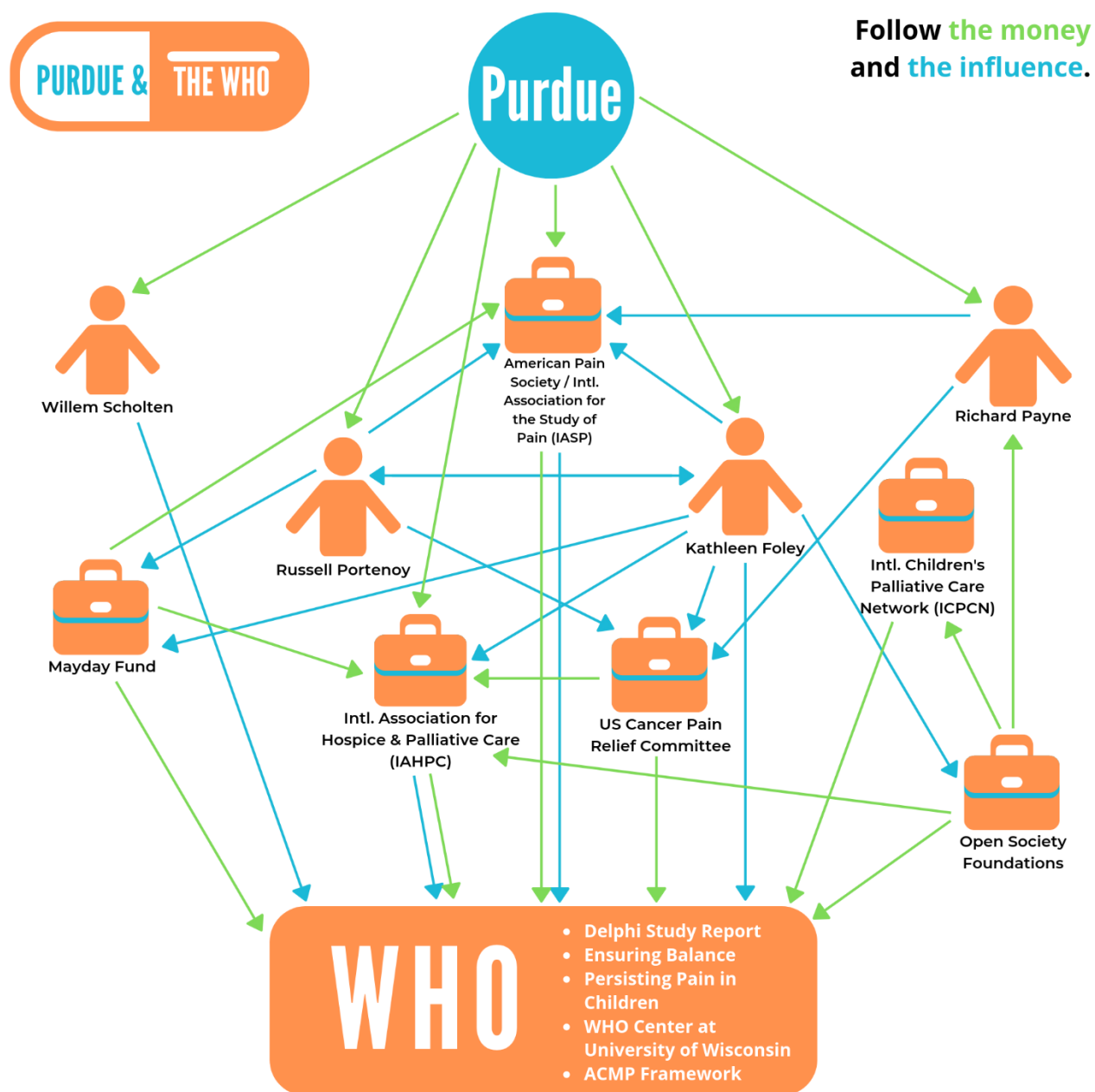
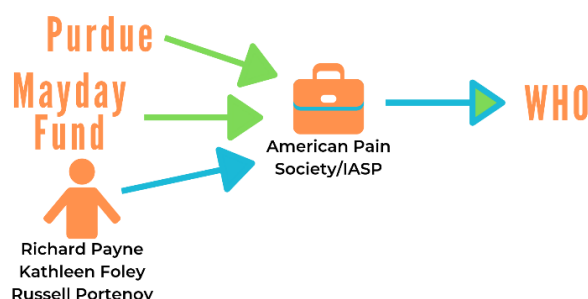


Table 1

**TABLE 1: A DESCRIPTION OF INFLUENTIAL ORGANIZATIONS**

The American Pain Society and the International Association for the Study of Pain (IASP)

The American Pain Society and its global arm, the International Association for the Study of Pain (IASP), promote opioid use, especially for chronic, noncancer pain.⁴⁵ The American Pain Society is an organization with its own longstanding ties to Purdue that were the subject of a Senate investigation in 2017.⁴⁶ The investigation revealed that multiple organizations that claimed to be independent patient advocacy groups, including the American Pain Society, received significant payments from opioid manufacturers.⁴⁷

The American Pain Society is a recipient of funding from the Mayday Fund.⁴⁸ Both organizations are affiliated with multiple prominent individuals with connections to the opioid industry such as Russell Portenoy, Kathleen Foley, and James Campbell, who have all been past presidents of the American Pain Society and have their own relationships to the Mayday Fund (see Table 1, Mayday Fund). In addition, Richard Payne, an individual with ties to Purdue, is a former president of the American Pain Society (see Table 3). Finally, Dennis Turk, a recipient of

⁴⁵American Pain Society, *Your Portal to the Global World of Pain*, last modified 2019, (accessed May 19, 2019) <http://americanpainsociety.org/about-us/iasp/overview>; *Use of Chronic Opioid Therapy in Chronic Noncancer Pain*; The American Pain Society in Conjunction with the American Academy of Pain Medicine, *Use of Chronic Opioid Therapy in Chronic Noncancer Pain*, January 23, 2009, <http://americanpainsociety.org/uploads/education/guidelines/chronic-opioid-therapy-cnec.pdf>.

⁴⁶U.S. Senate Homeland Security & Government Affairs Committee, *Fueling an Epidemic: Exposing the Financial Ties Between Opioid Manufacturers and Third Party Advocacy Groups*, Minority Report, 115th Cong. (Feb. 12, 2018) www.hsgac.senate.gov/imo/media/doc/REPORT-Fueling%20an%20Epidemic-Exposing%20the%20Financial%20Ties%20Between%20Opioid%20Manufacturers%20and%20Third%20Party%20Advocacy%20Groups.pdf).

⁴⁷*Id.*

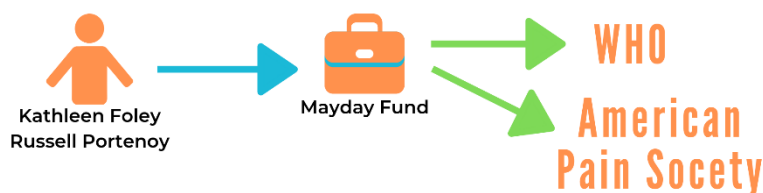
⁴⁸American Pain Society, *American Pain Society Awarded Research Grant from Mayday Fund*, May 31, 2016, americanpainsociety.org/about-us/press-room/american-pain-society-awarded-research-grant-from-mayday-fund.

Table 1

personal fees from opioid manufacturers, is also a past president of the American Pain Society.⁴⁹

The IASP has been a recipient of funding from opioid manufacturers, including Purdue and its international arm, Mundipharma. According to the IASP's 2008 and 2009 Annual reports, Purdue and Endo Pharmaceuticals, another opioid manufacturer, are two of the organization's three affiliate members.⁵⁰ The IASP's website states that it received funding in 2017 from Mundipharma, Janssen, and Teva Pharmaceutical for grant funding and sponsorships.⁵¹

Connection to the WHO: The IASP provided funding for the development of both *Ensuring Balance* and *Persisting Pain in Children*.⁵² IASP also gave input on the development of the WHO Delphi Study Report that surveyed multiple IASP Chapters such as the European Federation of IASP Chapters and the Latin American Federation of IASP Chapters (see Appendix C). Finally, the official medical journals of American Pain Society and the IASP such as *Pain*, *The Journal of Pain*, and *Acute Pain* are referenced throughout *Persisting Pain in Children*.⁵³



⁴⁹American Chronic Pain Association, *Advisory Board Members*, (accessed Sept. 5, 2018) www.theacpa.org/about-us/advisory-board/; Dworkin et al, "Interventional Management of Neuropathic Pain: NeuPSIG Recommendations," *PAIN* 54, no. 11, (2013): 2249-61, [rds.org/wp-content/uploads/2015/02/interventional-magt-neuropathic-pain.pdf](https://www.rds.org/wp-content/uploads/2015/02/interventional-magt-neuropathic-pain.pdf); John Fauber, "IOM and COI: Painful Disclosures?," *Pain Management*, *MedPage Today*, June 25, 2014, <https://www.medpagetoday.com/painmanagement/painmanagement/46482>.

⁵⁰International Association for the Study of Pain. *IASP 2008 Annual Report*, at s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/MembersOnly2/Annual_Report_2008_low_res_Final_082409.pdf; International Association for the Study of Pain, *International Association for the Study of Pain 2009 Annual Report*, s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/AboutIASP/IASPAnnualReport_2009.pdf.

⁵¹International Association for the Study of Pain, *Disclosures*, (accessed Sept. 4, 2018) www.iasp-pain.org/Leadership/Disclosures. Janssen is a unit of Johnson & Johnson; Teva Pharmaceutical Industries is another drug manufacturer.

⁵²World Health Organization, "*Ensuring Balance*," at iii. World Health Organization, "*Persisting Pain in Children*," at 6.

⁵³World Health Organization, "*Persisting Pain in Children*," at 76, 121, 123, 148-155.

Table 1

Mayday Fund

The Mayday Fund is a grantmaking organization with a focus on pain management. One of the Mayday Fund's most advertised functions is funding the Mayday Pain & Society Fellowship, which encourages pain specialists to enter public leadership roles.⁵⁴ The Advisory Board for the Mayday Pain & Society Fellowship was previously chaired by Russell Portenoy (see Table 2). The Mayday fellowship Advisory Board also included Kathleen Foley (see Table 2), Scott Fishman, and James Campbell.⁵⁵

Scott Fishman is the former chairman of the Mayday Advisory Board, and he is a past president of the American Pain Foundation.⁵⁶ The American Pain Foundation was a Purdue-funded organization that spread misinformation about the safety of opioids. The organization was forced to dissolve after a Senate investigation and media reports revealed that it received more than 90 percent of its annual funding from drug-makers and the medical device industry.⁵⁷ In addition to receiving funding from Purdue, Fishman is accused of lying to his university employer and a medical journal about the extent of his financial ties to opioid manufacturers.⁵⁸ Consequently, he is now the subject of dozens of federal lawsuits stemming from his involvement in the opioid crisis as an industry-sponsored "opinion leader."⁵⁹

James Campbell served as a member of the Mayday Advisory board, a former president of the American Pain Society, and a former chairman of the Board at the American Pain Foundation.⁶⁰ He is credited with first saying pain should be treated as "the fifth vital sign," which became a key

⁵⁴The Mayday Fund, *Mayday Fellows*, (accessed on Sept. 4, 2018) www.maydayfund.org/mayday-fellows/.

⁵⁵Christopher James, "Dr. Brian Schmidt Named to the Mayday Pain and Society Fellowship for 2013-2014," *New York University Dentistry*, Sept. 3, 2013, dental.nyu.edu/aboutus/news/articles/276.html.

⁵⁶See note 55 (New York University Dentistry); Charles Ornstein and Tracy Weber, "Patient advocacy group funded by success of painkiller drugs, probe finds," Health and Science, *The Washington Post*, December 23, 2011, https://www.washingtonpost.com/national/health-science/patient-advocacy-group-funded-by-success-of-painkiller-drugs-probe-finds/2011/12/20/gIQAgvczDP_story.html?utm_term=.07fba2c85c3e.

⁵⁷Charles Ornstein, Tracy Weber, "American Pain Foundation Shuts Down as Senators Launch Investigation of Prescription Narcotics," *ProPublica*, May 8, 2012, online at www.propublica.org/article/senate-panel-investigates-drug-company-ties-to-pain-groups.

⁵⁸Tracy Weber and Charles Ornstein, "Two Leaders in Pain Treatment Have Long Ties to Drug Industry," *ProPublica*, Dec. 23, 2011, www.propublica.org/article/two-leaders-in-pain-treatment-have-long-ties-to-drug-industry.

⁵⁹*Id.*; Roger Parloff, "Nation's Top Pain Doctors Face Scores of Opioid Lawsuits," *Yahoo Finance*, April 3, 2018, finance.yahoo.com/news/nations-top-pain-doctors-face-scores-opioid-lawsuits-160906369.html.

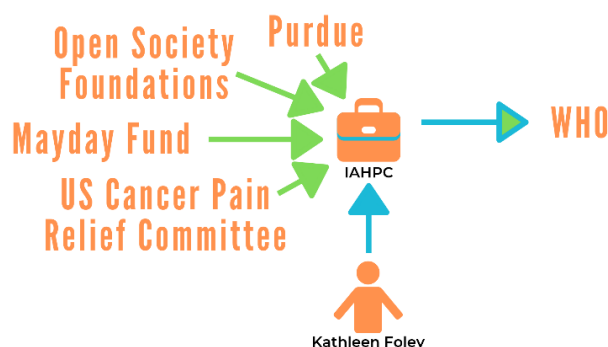
⁶⁰See note 55 (New York University Dentistry); Senate Committee on the Judiciary, "Testimony of James Campbell, M.D., 110th Congress," July 31, 2007, www.judiciary.senate.gov/imo/media/doc/Campbell%20Testimony%20073107.pdf.

Table 1

component of opioid manufacturer-funded promotional materials encouraging higher prescribing rates.⁶¹

In 2016, the Mayday Fund announced it would give the American Pain Society \$100,000 to support its Future Leaders in Pain Research Grant Program.⁶²

Connection to the WHO: In addition to its indirect ties to the WHO, the Mayday Fund provided funding for *Persisting Pain in Children*.⁶³



International Association for Hospice & Palliative Care (IAHPC)

In 2010 and 2014, the International Association for Hospice & Palliative Care (IAHPC), an international advocacy and education organization for pain relief received funding from the Mayday Fund.⁶⁴ In 2008, it reported donations of \$20,000 from Open Society Foundations, \$25,000 from Purdue, more than \$34,000 from Grünenthal, another opioid manufacturer, and \$75,000 from the US Cancer Pain Relief Committee.⁶⁵ Kathleen Foley (see Table 2) is the former Chair of the Board of Directors for IAHPC.⁶⁶

⁶¹Sarah Kliff, “The Opioid Crisis Changed How Doctors Think About Pain,” *Vox*, June 5, 2017, www.vox.com/2017/6/5/15111936/opioid-crisis-pain-west-virginia.

⁶²See note 48 (Awarded Research Grant).

⁶³World Health Organization, “*Persisting Pain in Children*,” at 6.

⁶⁴International Association for Hospice & Palliative Care, *Attachment to Form 990 for International Association for Hospice & Palliative Care*, 2010, <https://hospicecare.com/uploads/2015/6/990%20Form.pdf>; International Association for Hospice & Palliative Care, *Attachment to Form 990 for International Association for Hospice & Palliative Care*, 2014, <https://hospicecare.com/uploads/2015/6/990%20Form.pdf>.

⁶⁵*Attachment to Form 990 for International Association for Hospice & Palliative Care*, 2008, <https://hospicecare.com/uploads/2011/8/2008-form-990-ez.pdf>.

⁶⁶International Association for Hospice & Palliative Care, “News On-line “Promoting Hospice and Palliative Care Worldwide” (accessed on May 17, 2019) <https://hospicecare.com/newsletter2005/jan05/>.

Table 1

Furthermore, Liliana de Lima is the Executive Director for the IAHP and has been the executive director since the early 2000s.⁶⁷ Liliana de Lima is also heavily involved with the WHO. She is listed as the point of contact for the IAHP in the WHO Delphi Study, as a “Temporary Adviser” in the “WHO Staff” section of *Ensuring Balance*, and as a member of *Persisting Pain in Children’s* Expanded Review Panel.⁶⁸

Connection to the WHO: IAHP provided feedback to the WHO Access to Controlled Medications Programme (ACMP) Framework in 2007 and has been a contributing funder to the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin.⁶⁹



The US Cancer Pain Relief Committee

The US Cancer Pain Relief Committee is a Wisconsin-based nonprofit that has consistently spoken out against placing reasonable limits on opioid overprescribing and several members of its leadership have longstanding ties to opioid manufacturers.⁷⁰ Kathleen Foley is currently listed as the President of the US Cancer Pain Relief Committee.⁷¹ Both Russell Portenoy and Richard Payne have also served on the Committee’s board.⁷²

One of the organization’s primary functions appears to be funding other organizations that advocate for expanding opioid prescribing. For example, in 2008, the International Association for Hospice & Palliative

⁶⁷International Association for Hospice & Palliative Care, “Bio,” “Executive Director Liliana de Lima, MHA,” 2019, (accessed May 21, 2019) <https://hospicecare.com/bio/liliana-de-lima/>.

⁶⁸World Health Organization, “*WHO Normative Guidelines*,” at 45; World Health Organization, “*Ensuring Balance*,” at 63, 66; World Health Organization, “*Persisting Pain in Children*,” at 6.

⁶⁹See note 65 (Form 990, 2008); World Health Organization, Access to Controlled Medications Programme Framework, Feb. 2007, at 21, 24, www.who.int/medicines/areas/quality_safety/Framework_ACMP_withcover.pdf.

⁷⁰Guidestar, “United States Cancer Pain Relief Committee Inc.” (accessed on Sept. 4, 2018) www.guidestar.org/profile/39-1573802; Charles Lane, “Are Restrictions on Opioids a Threat to Human Rights?,” Opinion, *Washington Post*, April 30, 2018, www.washingtonpost.com/opinions/are-restrictions-on-opioids-a-threat-to-human-rights/2018/04/30/42c7ac32-4c86-11e8-af46-b1d6dc0d9bfe_story.html?utm_term=.7abdde53458f.

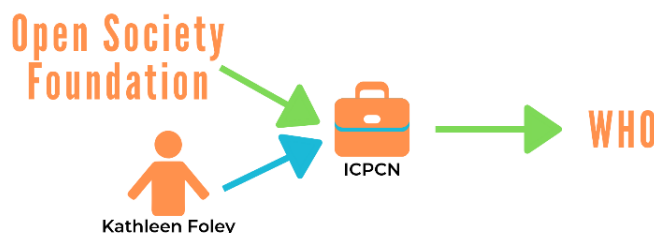
⁷¹*Id.*; “Form 990 for US Cancer Pain Relief Committee Inc.,” *ProPublica*, 2016, (accessed December 2018) projects.propublica.org/nonprofits/organizations/391573802.

⁷²See note 71 (Form 990 for US Cancer).

Table 1

Care, reported donations of \$75,000 from the US Cancer Pain Relief Committee.⁷³

Connection to the WHO: The US Cancer Pain Relief Committee provided funding for the development of *Persisting Pain in Children*.⁷⁴



**International
Children's
Palliative Care
Network
(ICPCN)**

The ICPCN is a nonprofit that focuses on palliative care for children. The organization has expressed concern about opioid shortages for children.⁷⁵ The ICPCN has been funded by the Open Society Foundations and Grünenthal, another opioid manufacturer.⁷⁶ The ICPCN has also presented at events sponsored by Mundipharma and hosted by the European Association for Palliative Care (EAPC).⁷⁷

Connection to the WHO: The ICPCN provided funding for the development of *Persisting Pain in Children*.⁷⁸

⁷³See note 65 (Form 990, 2008).

⁷⁴World Health Organization, "*Persisting Pain in Children*," at 6.

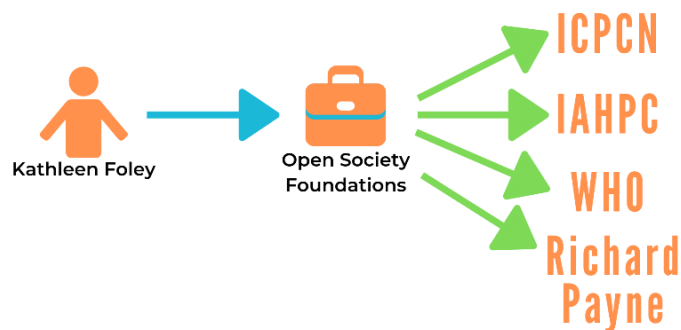
⁷⁵International Children's Palliative Care Network, "ICPCN's Advocacy Director Talks About Challenges Around Opioid Availability for Children in Sub Saharan Africa," (Sept. 29, 2017) www.icpcn.org/icpcns-advocacy-director-talks-challenge-around-availability-opioids-children-serious-illnesses-sub-sahara-africa/.

⁷⁶International Children's Palliative Care Network, *Finance and Sustainability* (online at www.icpcn.org/our-work/finance-and-sustainability/) (accessed on Sept. 4, 2018).

⁷⁷European Association for Palliative Care, "12th Congress of the European Association for Palliative Care," May 18-21, 2011, <https://www.eapcnet.eu/Portals/0/adam/Content/KOFQ29AKX0i8oaDw-FxdJw/Text/Lisbon%20Abstracts%20.pdf>; European Association for Palliative Care, "EAPC 2013 Final Program," May 30-June 2, 2013, https://www.eapcnet.eu/Portals/0/adam/Content/QSmeATO__0Cdo_rsyKK5RA/Text/prague%20programme%20.pdf.

⁷⁸World Health Organization, "*Persisting Pain in Children*," at 6.

Table 1



Open Society Foundations

Foundation Open Society Institute (Zug) is a branch of Open Society Foundations, a grantmaking organization whose primary function appears to be funding other organizations that advocate for expanding opioid prescribing.

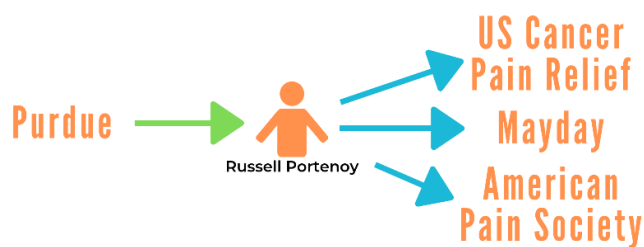
Open Society Foundations has also funded the International Association for Hospice & Palliative Care (IAHPC) and the International Children’s Palliative Care Network (ICPCN).⁷⁹

Multiple individuals with known ties to the opioid industry have been involved with Open Society Foundations including Richard Payne (see Table 2) and Kathleen Foley (see Table 2).

Connection to the WHO: Foundation Open Society Institute provided funding for both *Ensuring Balance* and *Persisting Pain in Children*.⁸⁰



TABLE 2: A DESCRIPTION OF INFLUENTIAL PEOPLE



⁷⁹See note 76 (Finance and Sustainability); see note 65 (Form 990, 2008).

⁸⁰World Health Organization, “*Persisting Pain in Children*,” at 6; World Health Organization, “*Ensuring Balance*,” at iii.

Table 2

Russell Portenoy	<p>Russell Portenoy previously chaired the Advisory Board for the Mayday Pain & Society Fellowship.⁸¹ He is a past president of the American Pain Society, is listed as a member of the US Cancer Pain Relief Committee’s five-person board, and has been paid as a speaker by Purdue.⁸²</p> <p>Portenoy is also a coauthor with Kathleen Foley of a famously misleading article about the “Porter and Jick” letter.⁸³ He has been sued in at least 18 different cases in federal court for his involvement in the U.S. opioid epidemic as a paid “opinion leader,” who convinced doctors to prescribe more opioids.⁸⁴</p> <p>Connection to the WHO: Our research indicates that Portenoy had no direct connection to the WHO, but he has had relationships with multiple organizations that provided financial support to the WHO.</p>
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Willem Scholten	<p>Willem Scholten was a WHO employee as the Team Leader for the WHO Department of Essential Medicines and Pharmaceutical Policies, Access to Controlled Medications Programme (ACMP), which was the office responsible for producing both guidelines.⁸⁵</p> <p>He is listed as the Chairperson of the WHO Steering Group on Pain Treatment Guidelines, one of the bodies credited with contributing to the recommendations included in <i>Persisting Pain in</i></p>
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⁸¹See note 55 (New York University Dentistry).

⁸²Patrick Radden Keefe, “The Family that Built an Empire of Pain,” *The New Yorker*, October 30, 2017, www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain; see note 59 (Top Pain Doctors); see note 71 (Form 990 for US Cancer); Practical Pain Management (PPM), “About Russell Portenoy, MD,” (accessed on Sept. 4, 2018) www.practicalpainmanagement.com/author/16278/portenoy.

⁸³See note 82 (About Russell Portenoy); see note 14 (One-Paragraph Letter); see note 25 (Portenoy, Foley).

⁸⁴See note 82 (About Russell Portenoy); see note 59 (Top Pain Doctors).

⁸⁵Department of Essential Medicines and Pharmaceutical Policies Health Systems and Services, World Health Organization, *Access to Controlled Medications Programme Component: Developing WHO Clinical Guidelines on Pain Treatment*, April 2012, https://www.who.int/medicines/areas/quality_safety/ACMP_BrNote_PainGLs_EN_Apr2012.pdf; World Health Organization, “*Persisting Pain in Children*,” at 6; World Health Organization, “*Ensuring Balance*,” at iii, 62.

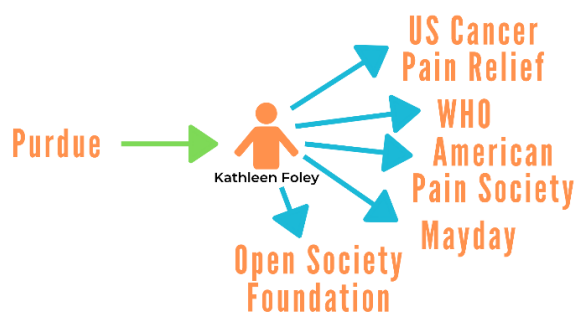
Table 2

Children.⁸⁶ He is also listed as a member of the five-person team that made up the WHO Secretariat for *Persisting Pain in Children*.⁸⁷

Scholten now works as a consultant and vocally opposes U.S. government efforts to rein in prescribing.⁸⁸

After the publication of *Ensuring Balance* and *Persisting Pain in Children*, he received personal fees from Mundipharma, including compensation for speaking at medical conferences in support of greater opioid prescribing.⁸⁹ He had a relationship with Mundipharma at least as early as 2015, only three years after *Persisting Pain in Children* was published.⁹⁰

Connection to the WHO: As the Team Leader for the WHO Department of Essential Medicines and Pharmaceutical Policies, Access to Controlled Medications Programme (ACMP), Willem Scholten was a key player in authoring both *Ensuring Balance* and *Persisting Pain in Children*.



Kathleen Foley

Kathleen Foley has been such a valuable and vocal advocate for the opioid industry's interests that she is the namesake for a pain management position, the Kathleen M. Foley Chair for Pain and Palliative Care, at the Center for Practical Bioethics. Purdue made the

⁸⁶World Health Organization, "*Persisting Pain in Children*," at 142.

⁸⁷World Health Organization, "*Persisting Pain in Children*," at 142.

⁸⁸See note 2 (OxyContin Goes Global); Willem Scholten, "*Opioid overdose death epidemic sensationalised at the cost of pain patients*," European Association for Palliative Care, March 2, 2016, <https://eapcnet.wordpress.com/2016/03/02/opioid-overdose-death-epidemic-sensationalised-at-the-cost-of-pain-patients/>.

⁸⁹Willem Scholten Consultancy, Presentation at Lisbon Addictions 2015, "Are the Substance Lists of the International Drug Conventions Legitimate?," Sept. 23-25, 2015, www.lisbonaddictions.eu/attachements.cfm/att_242876_EN_11h00_05_r2_25_Willem%20Scholten%20LisbonAd d2015%20Session23%20ScholtenW.pdf; see note 2 (OxyContin Goes Global).

⁹⁰See note 89 (Presentation at Lisbon).

Kathleen M. Foley Chair position possible with an endowment of \$1.5 million.⁹¹

She is currently listed as President of the US Pain Cancer Relief Committee, but she has also been a past President of the American Pain Society, a member of the Mayday Pain & Society Fellowship Advisory Board, and she directed two projects for the Open Society Foundations.⁹²

Foley also helped start the American Pain Foundation.⁹³ The American Pain Foundation was a Purdue-funded organization that spread misinformation about the safety of opioids. The organization was forced to dissolve after a Senate investigation.⁹⁴

Connection to the WHO: In addition to her ties to the opioid industry, Kathleen Foley was a member of *Persisting Pain in Children's* Expanded Review Panel, which was responsible for “defining the scope of the guidelines and...reviewing the evidence retrieval report.”⁹⁵ She is also listed as an external consultant for the WHO Delphi Study.⁹⁶

Finally, Foley is the past director of the WHO Collaborating Center at Memorial Sloan Kettering Cancer Center and she chaired three committees resulting in the publication of three WHO Monographs: Cancer Pain Relief (1986), Cancer Pain Relief and

⁹¹See note 22 (Federal Pain Panel).

⁹²See note 71 (Form 990 for U.S. Cancer); see note 55 (New York University Dentistry); Samantha Kupferman, Physicians for Human Rights, “For Immediate Release: Physicians for Human Rights Welcomes Dr. Kathleen Foley to its Board of Directors,” June 29, 2015, physiciansforhumanrights.org/press/press-releases/physicians-for-human-rights-welcomes-dr-kathleen-foley-to-its-board-of-directors.html; Kathleen Foley, Memorial Sloan Kettering Cancer Center, Our Physicians & Nurses: At Work, “At Work: Neurologist Kathleen Foley,” (accessed Sept. 4, 2018) www.mskcc.org/experience/physicians-at-work/kathleen-foley-work. In an article for Memorial Sloan Kettering Cancer Center, where Kathleen Foley has served in various roles, she discusses running the Project on Death in America for the Open Society Foundations. Foley says: “The [Project on Death in America] also recognized that we had to focus on the development of leaders and palliative care experts if we were going to be able to change the care of patients. We created leadership programs for physicians, nurses, and social workers. For example, over the years, we awarded grants to 87 faculty scholars, many of whom now hold positions at leading academic institutions around the country, including at Memorial Sloan Kettering Cancer Center. These professionals were to be the Trojan horses within our institutions to lead pain and palliative care services.” As previously discussed, the effort to educate and fund “Trojan horses” was a pillar of opioid manufacturers’ strategy to increase their sales.

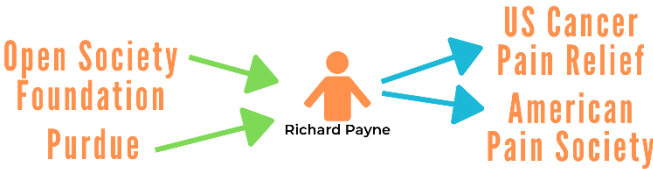
⁹³See note 60 (Testimony of James Campbell); Charles Ornstein, Tracy Weber, “American Pain Foundation Shuts Down as Senators Launch Investigation of Prescription Narcotics,” *ProPublica*, May 8, 2012, www.propublica.org/article/senate-panel-investigates-drug-company-ties-to-pain-groups.

⁹⁴See note 60 (Testimony of James Campbell); see note 57 (Senators Launch Investigation).

⁹⁵World Health Organization, “*Persisting Pain in Children*,” at 6, 142.

⁹⁶World Health Organization, “*WHO Normative Guidelines on Pain Management*,” at 35.

Palliative Care (1990) and Cancer Pain and Palliative Care in Children (1996).⁹⁷



Richard Payne

Richard Payne received grants from the Open Society’s Project on Death in America. He is another former president of the American Pain Society and served on the board of the U.S. Cancer Pain Relief Committee.⁹⁸ Payne has been a consistent presence in the Purdue-sponsored movement to increase opioid prescriptions in the U.S., including as a speaker at opioid prescribing-related events.⁹⁹

Connection to the WHO: Our research indicates that Payne had no direct connection the WHO, but he has had relationships with multiple organizations that provided financial support to the WHO.

WHO TABLE 3: A DESCRIPTION OF WHO AFFILIATES OR PRODUCTS THAT BENEFITTED FROM PURDUE AND OPIOID INDUSTRY FUNDING

WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin

The WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin (the Centre) is known for advocating for increasing the volume of opioid prescriptions.¹⁰⁰ In 2000, the Centre published *Achieving Balance in National Opioids Control Policy: Guidelines for Assessment*, the document *Ensuring Balance* later replaced.¹⁰¹

⁹⁷International Association for Hospice & Palliative Care, “Kathleen Foley,” last modified 2019, (accessed May 16, 2019) <https://hospicecare.com/bio/kathleen-foley/>.
⁹⁸Harvard University, “Curriculum Vitae of Richard Payne,” 2014, (accessed Sept. 4, 2018) hms.harvard.edu/sites/default/files/assets/Sites/Alumni/Files/2014CandidateCV_Payne.pdf; see note 71 (Form 990 for U.S. Cancer).
⁹⁹*Id.*
¹⁰⁰See note 21 (UW a Force); World Health Organization, “Access to Controlled Medications Programme Framework,” at 7, 21, 24.
¹⁰¹See note 21 (UW a Force).

Table 3

In 2007, the WHO developed a strategic framework for the ACMP.¹⁰² This initial framework received input from the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin. In 2011, the same year the first WHO guideline was published, the Centre revealed that it had accepted around \$2.5 million from opioid manufacturers, including \$1.6 million from Purdue between the years of 1999 and 2010.¹⁰³

Delphi Study Report

In 2007, the WHO ACMP, the office headed by Willem Scholten, published the *WHO Normative Guidelines on Pain Management: Report of a Delphi Study to Determine the Need for Guidelines and to Identify the Number and Topics of Guidelines that Should be Developed by WHO, (Delphi Study Report)*, a report detailing the results of a comprehensive survey of pain management “experts” and stakeholders. Eight of the 21 organizations surveyed reported having financial ties to the opioid industry.

The *Delphi Study Report* was used to inform the WHO’s later work on opioid prescribing such as *Persisting Pain in Children* and *Ensuring Balance*. The *Delphi Study Report* was informed by a myriad of organizations associated with the opioid industry such as the IASP, the Pain and Policy Studies Group at the University of Wisconsin, and the IAHP (see Appendix C).¹⁰⁴

Access to Controlled Medications Programme (ACMP) Framework

In 2007, the WHO created the ACMP Framework that developed the objectives and planning information for the newly created office, the WHO ACMP, which would later go on to produce multiple sets of guidelines related to opioid prescribing.¹⁰⁵

The ACMP Framework thanked the Pain & Policy Study Group at the WHO Collaborating Centre for Policy and Communications in Cancer Care at the University of Wisconsin

¹⁰²See note 69 (Access to Controlled Medications).

¹⁰³See note 21 (UW a Force).

¹⁰⁴See note 22 (WHO Normative Guidelines).

¹⁰⁵*Id.*

Table 3

and the IAHP for their help in “preparing” the ACMP framework.¹⁰⁶

In addition, of the seven members of *Ensuring Balance’s* Guidelines Development Group, five reported having financial relationships with opioid manufacturers.¹⁰⁷

Similarly, of the 13 members of *Persisting Pain in Children’s* Guidelines Development Group, five reported having received payments from opioid manufacturers and four external reviewers for *Persisting Pain in Children* reported receiving or working for institutions that received payments from opioid manufacturers.¹⁰⁸

The WHO also supports its recommendations in *Persisting Pain in Children* by citing multiple references that have ties to many of the same organizations listed above. A list of those references is shown here:

1. *Pain* (the official journal of the IASP);
2. *The European Journal of Pain* (the official journal of the European Pain Federation, a branch of the IASP);
3. *Pain Research & Management* (the official journal of the Canadian Pain Society, the Canadian chapter of the IASP);
4. *The Journal of Pain* (the official journal of the American Pain Society, the American chapter of the IASP);
5. *Acute Pain* (an official journal of the IASP);
6. *The Journal of Pain and Symptom Management* (led by Russell Portenoy);
7. *Pediatric Pain Letter* (an official journal of the IASP);
8. *Palliative Medicine* (an official journal of the European Association for Palliative Care, which has received extensive funding from Mundipharma and other opioid manufacturers);¹⁰⁹
9. *The Clinical Journal of Pain* (led by Dennis Turk, Chairman of the American Chronic Pain Association, a paid front group for opioid

¹⁰⁶World Health Organization, “Access to Controlled Medications Programme Framework,” at 7, 21, 24.

¹⁰⁷World Health Organization, “*Persisting Pain in Children*,” at 66.

¹⁰⁸World Health Organization, “*Persisting Pain in Children*,” at 144.

¹⁰⁹European Association for Palliative Care, “The Official Journals of the EAPC,” (accessed on Sept. 4, 2018) www.eapcnet.eu/Themes/Resources/EJPCandPalliativeMedicine.aspx; European Association for Palliative Care, “EAPC Task Force on the Development of Palliative Care in Europe: Autumn 2004,” (accessed on Sept. 4, 2018) www.researchgate.net/profile/Carlos_Centeno/publication/282493927_Latest_report_from_the_EAPC_Task_Force_on_the_Development_of_Palliative_Care_in_Europe/links/5684031c08ae1e63f1fc2b6/Latest-report-from-the-EAPC-Task-Force-on-the-Development-of-Palliative-Care-in-Europe.pdf.

manufacturers, and a past president of the American Pain Society, who has received personal fees from opioid manufacturers);¹¹⁰ and

10. *The Journal of Pain and Palliative Care Pharmacotherapy* (its Editorial Board includes Willem Scholten).¹¹¹

V. IMPACTS AND IMPLICATIONS OF THE WHO GUIDELINES: ENSURING BALANCE AND PERSISTING PAIN IN CHILDREN

We are concerned about the long-term impacts of these two publications that are still being used to proliferate misinformation in other educational documents.

For example, the United Nations *World Drug Report 2017* cites *Ensuring Balance* to support multiple misleading statements.¹¹² *Ensuring Balance* is cited as a reference for the statement: “Pharmaceutical opioids are used effectively in the management of acute and chronic pain resulting from different conditions and for the treatment of opioid use disorders.” Prior to the World Drug report’s publication, this claim had been discredited by the Centers for Disease Control (CDC). In 2016, the CDC published its own “Guidelines for Prescribing Opioids for Chronic Pain,” that encouraged doctors to exercise caution if they were considering prescribing opioids for chronic pain. The CDC further emphasized that opioids should not be a first-line or routine therapy for chronic pain because of their risks to patient safety and inconsistent benefits, a recommendation that neither of the WHO guidelines reflect.¹¹³ Since the *World Drug Report*’s publication, even more research has emerged indicating that opioids are no more effective than non-opioid pain medications for long-term chronic pain and that they carry far more side effects and safety risks.¹¹⁴

¹¹⁰See note 49 (Advisory Board Members); see note 49 (Interventional Management); see note 46 (Fueling an Epidemic).

¹¹¹*Journal of Pain & Palliative Care Pharmacotherapy*, “Editorial Board,” (accessed on Sept. 4, 2018) www.tandfonline.com/action/journalInformation?show=editorialBoard&journalCode=ippc20&.

¹¹²United Nations Office on Drugs and Crime, *World Drug Report 2017 Booklet 2*, June 22, 2017, at 29, www.unodc.org/wdr2017/.

¹¹³See note 32 (Guidelines for Prescribing).

¹¹⁴See note 49 (Advisory Board Members); see note 49 (Interventional Management); see note 46 (Fueling an Epidemic); see note 32 (Opioids Don’t Beat). *The Clinical Journal of Pain*, “About the Journal,” (accessed on May 20, 2019) online at <https://journals.lww.com/clinicalpain/Pages/aboutthejournal.aspx>. One of the other two references cited to support the claim that opioids are used effectively for chronic pain is an article published in the *Clinical Journal of Pain*. The Editor-in-Chief of that journal is Dennis Turk, the Chairman of the American Chronic Pain Association and a past president of the American Pain Society, who has received personal fees from opioid manufacturers.

The authors of the *World Drug Report* were certainly aware of the CDC chronic pain guidelines at the time the document was prepared. The CDC guidelines were highly publicized and met with intense opposition from opioid manufacturers, who have attempted to keep opioids' questionable effectiveness for chronic pain patients quiet.¹¹⁵

Furthermore, the *World Drug Report 2017* implies that doctors are still suffering from “opiophobia.” In a section of the *World Drug Report 2017* titled “Access to pain medication: key issues and considerations,” *Ensuring Balance* is cited again when the report states, “The three major areas identified as impediments to the availability of, and access to, pain medications were lack of training or awareness among medical professionals, fear of addiction and limited resources.”¹¹⁶ The report insinuates that healthcare professionals may be reluctant to prescribe opioids because of “fear of addiction,” rather than the awareness of the legitimate, well-founded risk of developing a substance use disorder associated with prescription opioids.

Like *Ensuring Balance*, *Persisting Pain in Children* has also been used as a reference for other documents. Most notably, the American Academy of Pediatrics cites the WHO guideline in its publication of *Responsible Opioid Prescribing in Chronic Pain*. As discussed, the recommendations made in *Persisting Pain in Children* are not rooted in scientific evidence. However, because they were published by a respected health agency, the public and professionals are likely to trust them.

Finally, we are concerned that the WHO intends to create a new set of recommendations focused on the “pharmacological treatment of persisting pain in adults with medical illnesses,” and intends to use *Persisting Pain in Children* as a model.¹¹⁷ Moreover, in 2011, the WHO indicated that the new recommendations will be funded and written by the same collection of organizations with deep conflicts of interest with the prescription opioid industry.¹¹⁸ As of 2019, the WHO's website states the WHO is still

¹¹⁵Dora H. Lin, Eleanor Lucas, Irene B. Murimi, et al., “Financial Conflicts of Interest and the Centers for Disease Control and Prevention's 2016 Guideline for Prescribing Opioids for Chronic Pain,” *JAMA Intern Medicine* 177, no.3 (2017):427–428, jamanetwork.com/journals/jamainternalmedicine/fullarticle/2598092.

¹¹⁶United Nations Office on Drugs and Crime, “*World Drug Report 2017 Booklet 2*” at page 30.

¹¹⁷World Health Organization, *Scoping Document for WHO Guidelines for the Pharmacological Treatment of Persisting Pain in Adults with Medical Illnesses*, 2012, www.who.int/medicines/areas/quality_safety/Scoping_WHO_GLS_PersistPainAdults_webversion.pdf.

¹¹⁸World Health Organization, “*Scoping Document*,” at pg. 15. The WHO specifically announced: “Various donor organizations who contributed financially to the development of the WHO Guidelines on the pharmacological treatment of persisting pain in children with medical illnesses will be invited to contribute again and so will other organizations be invited. The guidelines will be developed with the expertise of many specialists on an individual basis. However, these specialists will be identified with the help of NGOs in official relations with WHO, like the International Association for the Study of Pain (IASP), the

developing this new set of guidelines. While the WHO recently released a new guideline that focused exclusively on treating cancer pain, as of 2019, the WHO's website states the WHO is still developing a guideline newly focused on persisting pain in adults.¹¹⁹

VI. CONCLUSION

The World Health Organization is intended to be a steward of the public trust. By allowing Purdue and the opioid industry to influence guidelines on how opioids should be prescribed and regulated, the WHO has violated that trust. The agency owes the public an explanation. The WHO must explain why these documents have been crafted with the input of people with decades of financial relationships with the opioid industry and written to include specific policy changes envisioned by Purdue.

Unfortunately, we believe this report only exposes a portion of the story because we have been limited to publicly available information. We suspect there may be more to this story, and we hope this report serves as a call for others to thoroughly investigate the full extent of Purdue's influence on the international healthcare community.

We ask that the WHO immediately and publicly withdraw both *Ensuring Balance* and *Persisting Pain in Children* with an explicit notice to governments, health care providers, and the public that the guidance is rescinded. Furthermore, we hope the WHO will cease production of any other publications on opioids, including the already-announced, "WHO Guidelines for the Pharmacological Treatment of Persisting Pain in Adults with Medical Illnesses," until the agency can address and resolve any conflicts of interest with the opioid industry.

We hope the WHO will no longer allow the same companies and the same people who recklessly chose profits over human lives in the United States to inflict the opioid crisis on the rest of the world. We believe the similarities between their propaganda campaign in the U.S. and the confusion and deception they have spread through international publications are not a coincidence. This is a calculated strategy, and it works. The WHO must put human lives above the profits of an untrustworthy company.

International Association for Hospice and Palliative Care (IAHPC), the Federation Internationale Pharmaceutique (FIP) and the Union for International Cancer Control (UICC). Other NGOs may be involved as needed."

¹¹⁹ World Health Organization, *WHO Guidelines for the Pharmacological and Radiotherapeutic Management of Cancer Pain in Adults and Adolescents*, 2018, <https://apps.who.int/iris/bitstream/handle/10665/279700/9789241550390-eng.pdf?ua=1>;

APPENDIX

APPENDIX A: WHO IS PURDUE PHARMA L.P.?

In 1892, Dr. John Purdue Gray and George Frederick Bingham founded the Purdue Frederick Company, which would eventually become the parent company of Purdue Pharmaceuticals.¹²⁰ In the early 1950s, Dr. Raymond Sackler and Dr. Mortimer Sackler took ownership of the Purdue Frederick Company, and in 1991, the Sackler family formed Purdue with the principal purpose of redirecting their pharmaceutical production toward pain management.¹²¹ Subsequently, they began producing OxyContin in 1996.¹²² The family has remained closely involved in the operation of Purdue with eight members of the family sitting on the board of directors until 2019.¹²³ Purdue also has a well-known international arm called Mundipharma.¹²⁴ Mundipharma is also owned by the Sackler family and is an international group of pharmaceutical companies.¹²⁵

Purdue's initial growth in the late 1990s and early 2000s can be attributed to its successful marketing of OxyContin as a safe and effective opioid prescription. The company's marketing strategies have been proven multiple times to be deceptive and fraudulent and are largely blamed for instigating the U.S. opioid crisis.¹²⁶

After OxyContin became more widely available in 1996, rates of substance use disorder and overdose deaths began to steadily climb.¹²⁷ For example, overdose deaths involving prescription opioids were five times higher in 2016 than they were in 1999, and in 2017, more than 50,000 people died in the U.S. as the result of a drug overdose

¹²⁰See note 3 (About Purdue Pharma).

¹²¹*Id.*

¹²²*Id.*

¹²³ Paul Schott, "Sacklers Quit Board Amid Shifts for OxyContin Maker," *AP News*, April 7, 2019, <https://www.apnews.com/7b14f628aceb4849b957f7aec489c8f8>.

¹²⁴See note 2 (OxyContin Goes Global).

¹²⁵See note 2 (OxyContin Goes Global); see note 5 (Secret Trove). Purdue Pharma L.P. previously partnered with Abbot Laboratories, which is now better known as AbbVie, to market OxyContin to physicians.

¹²⁶See note 5 (Secret Trove); see note 3 (Description of Hell).

¹²⁷Carolyn Y. Johnson, "Opioid Prescriptions Fell 10 Percent Last Year, Study Says," *Washington Post*, April 19, 2018, https://www.washingtonpost.com/news/wonk/wp/2018/04/19/opioid-prescriptions-fell-10-percent-last-year-study-says/?utm_term=.7349cea9b06b.

involving an opioid.¹²⁸ This included deaths from the secondary heroin epidemic that has been a consequence of prescription opioid addiction.¹²⁹

The correlation between the public health crisis and Purdue's exponential rise in sales did not go unnoticed, and they began facing a series of lawsuits as a result of their actions – some they are still fighting in 2019.¹³⁰ In 2007, Purdue's parent company, Purdue Frederick Company, was required to pay more than \$634 million in fines and Purdue pleaded guilty to gravely misrepresenting the nature of OxyContin's addictiveness.¹³¹ For perspective, this fine was the equivalent of less than six months of OxyContin sales. Purdue also admitted that the company was reluctant to describe OxyContin as a cancer pain drug because they didn't want to lose out on the non-cancer pain market.¹³²

One of Purdue's top executives, Michael Friedman, also pleaded guilty to a misdemeanor for "misbranding" OxyContin, and his emails reveal that he told Dr. Richard Sackler not to correct the false impression that OxyContin was weaker than morphine because, as he admitted, this falsity was improving sales.¹³³

In addition to pleading guilty to lying to doctors and the public about opioids, Purdue is currently being sued by 45 states and 2,000 local jurisdictions because of the company's continued efforts to deceive the public on the dangers associated with prescription opioids.¹³⁴ Since 2018, Purdue and members of the Sackler family have been fighting a lawsuit in Massachusetts accusing the company of using deceptive actions to

¹²⁸Puja Seth, Rose A. Rudd, Rita K. Noonan, Tamara M. Haegerich, "Quantifying the Epidemic of Prescription Opioid Overdose Deaths," *American Journal of Public Health* 108, 2017: 500-502, ajph.aphapublications.org/doi/10.2105/AJPH.2017.304265; Health and Human Services, National Institute Health, National Institute on Drug Abuse, *Overdose Death Rates*, last modified January 2019, (accessed on Sept. 5, 2018) www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates.

¹²⁹*Id.*

¹³⁰Nate Raymond, "Missouri Sues Opioid Manufacturers, Joining Two Other U.S. States," *Reuters*, June 21, 2017, www.reuters.com/article/us-missouri-opioids-idUSKBN19C1VK; German Lopez, "The Growing Number of Lawsuits Against Opioid Companies, Explained," *Vox*, May 15, 2018, www.vox.com/policy-and-politics/2017/6/7/15724054/opioid-epidemic-lawsuits-purdue-oxycotin. It should be noted that Purdue was not alone. In the U.S., the entire opioid manufacturer industry successfully took advantage of prominent doctors and patient advocacy organizations. Cephalon and Janssen are also both currently being sued by multiple U.S. states for deceptive practices related to their marketing of opioids.

¹³¹See note 9 (Sackler Embraced Plan); Chris McGreal, "Rudy Giuliani Won Deal for OxyContin Maker to Continue Sales of Drug Behind Opioid Deaths," *The Guardian*, May 22, 2018, www.theguardian.com/us-news/2018/may/22/rudy-giuliani-opioid-epidemic-oxycotin-purdue-pharma.

¹³²See note 82 (Empire of Pain); see note 9 (Sackler Embraced Plan).

¹³³See note 9 (Sackler Embraced Plan).

¹³⁴See note 130; see note 1 (New York Sues); Anthony Izaguirre, Geoff Mulvihill, "5 More States Sue Purdue Pharma and Other Drugmakers Over the Opioid Epidemic," *Time*, May 16, 2019, <http://time.com/5590547/states-sue-purdue-pharma-opioid-epidemic/>.

market OxyContin in order to make a profit off the opioid crisis. According to the lawsuit, as millions of patients suffered from a substance use disorder, the Sackler family paid themselves over \$4 billion dollars over the course of eight years.¹³⁵ After a \$24 million settlement with Purdue in 2015, other efforts are underway by the Commonwealth of Kentucky to unseal previously confidential documents related to Purdue's knowledge of the addictive dangers of OxyContin.¹³⁶ An order by the Kentucky Court of Appeals to unseal such documents is under appeal at the Supreme Court of Kentucky.

The main legal argument behind these cases is that the opioid manufacturers relied on false advertising to minimize the risks of prescription opioids and oversell their benefits. Simultaneously, the collective impact of the deceptive marketing campaign has been the devastating and widespread opioid crisis.¹³⁷ Should these same strategies be exported abroad, they could foreseeably result in a similar crisis.

¹³⁵Martha Bebinger, Christine Willmsen, "Lawsuit Details How the Sacklers, Family Behind OxyContin, Made More than \$4 billion," *WBUR*, February 20, 2019, <https://www.wbur.org/commonhealth/2019/01/31/sacklers-purdue-oxycontin-billions>.

¹³⁶Chris Kenning, Beth Warren, "Court records may detail how opioid company downplayed OxyContin risks," *Louisville Courier Journal*, Dec. 14, 2018, <https://www.courier-journal.com/story/news/local/2018/12/14/kentucky-court-rules-unseal-purdue-pharma-opioid-records/2310160002/>.

¹³⁷See note 130 (Growing Number of Lawsuits). It should be noted, again, that Purdue Pharma was not alone. The lawsuit in Ohio accuses Purdue Pharma, Endo, Teva Pharmaceutical industries, Johnson & Johnson, and Allergan of all having a hand in false advertising.

APPENDIX B: LETTER TO THE WORLD HEALTH ORGANIZATION FROM CONGRESS

Congress of the United States
Washington, DC 20515

May 3, 2017

Dr. Margaret Chan
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr. Chan:

We write to warn the international community of the deceptive and dangerous practices of Mundipharma International—an arm of Purdue Pharmaceuticals. The greed and recklessness of one company and its partners helped spark a public health crisis in the United States that will take generations to fully repair. We urge the World Health Organization (WHO) to do everything in its power to avoid allowing the same people to begin a worldwide opioid epidemic. Please learn from our experience and do not allow Mundipharma to carry on Purdue's deadly legacy on a global stage.

Mundipharma International is a network of pharmaceutical companies owned by the Sackler family. The Sacklers also own and operate Purdue Pharmaceuticals, the privately held company that developed and marketed OxyContin.¹ Internal documents revealed in court proceedings now tell us that since the early development of OxyContin, Purdue was aware of the high risk of addiction it carried.² Combined with the misleading and aggressive marketing of the drug by its partner, Abbott Laboratories, Purdue began the opioid crisis that has devastated American communities since the end of the 1990s.³ Today, Mundipharma is using many of the same deceptive and reckless practices to sell OxyContin abroad.⁴

OxyContin was approved by the U.S. Food and Drug Administration (FDA) in 1995. Though executives at Purdue were aware that their dosing recommendations were ineffective for many patients, and that the formulation and dosing raised the risk of addiction, they advertised OxyContin as a solution for day-to-day pain.⁵ Purdue and its marketing partner Abbott used

¹ *The Man at the Center of the Secret OxyContin Files*, Stat News (May 12, 2016) (online at www.statnews.com/2016/05/12/man-center-secret-oxycontin-files/).

² *'You Want a Description of Hell?' OxyContin's 12-Hour Problem*, Los Angeles Times (May 5, 2016) (online at www.latimes.com/projects/oxycontin-part1/).

³ *Secret Trove Reveals Bold 'Crusade' to Make OxyContin a Blockbuster*, Stat News (Sep. 22, 2016) (online at www.statnews.com/2016/09/22/abbott-oxycontin-crusade/).

⁴ *OxyContin Goes Global—'We're Only Just Getting Started'*, Los Angeles Times (Dec. 18, 2016) (online at: www.latimes.com/projects/la-me-oxycontin-part3/).

⁵ See note 2.

gifts and free meals to develop relationships with physicians, who would then prescribe the painkiller to patients with ordinary pains, rather than the severe, long-term pain associated with end-stage cancer.⁶ Purdue's efforts were effective: at their height, OxyContin sales reached \$3 billion a year.⁷

Meanwhile, cases of opioid-related substance use disorder skyrocketed. By 2009, emergency room visits related to prescription drugs reached 1.2 million cases, with opioid pain relievers, and especially OxyContin, being the most prominent cause for visits and fatalities.⁸ People were dying.

Moreover, as the rate of prescription opioid use and related overdoses rose, increased demand also spilled into the illicit drug trade.⁹ The enormous market for opioids created in the wake of the OxyContin boom, combined with the much lower cost of heroin compared with prescription medications, meant an explosion in heroin use and dramatic increase in the rate of overdoses. As many as 80 percent of heroin users started out using prescription opioids.¹⁰

Today, in spite of intensive efforts to address this crisis, the rate of overdose deaths continues to rise. In 2015 alone, more than 33,000 people died as a result of opioid overdoses in the United States.¹¹

A major piece of the current U.S. strategy to address the opioid epidemic is to provide physicians and patients with information about the risks associated with opioids, as well as effective alternatives for pain management. With collaboration between prescribers and lawmakers, prescriptions for OxyContin in the U.S. have dropped nearly 40% since 2010.¹²

In response to the growing scrutiny and diminishing U.S. sales, the Sacklers have simply moved on. On December 18, the Los Angeles Times published an extremely troubling report detailing how in spite of the scores of lawsuits against Purdue for its role in the U.S. opioid crisis, and tens of thousands of overdose deaths, Mundipharma now aggressively markets OxyContin

⁶ See note 3.

⁷ See note 2.

⁸ Food and Drug Administration, *Timeline of Selected FDA Activities & Significant Events Addressing Opioid Misuse & Abuse* (Jan. 2017) (online at www.fda.gov/downloads/drugs/drugsafety/informationbydrugclass/ucm332288.pdf).

⁹ *Heroin Deaths Surpass Gun Homicides for the First Time, CDC Data Shows*, Washington Post (Dec. 8, 2016) (online at www.washingtonpost.com/news/wonk/wp/2016/12/08/heroin-deaths-surpass-gun-homicides-for-the-first-time-cdc-data-show/?utm_term=.ed516c8727b2).

¹⁰ *Hospitalizations Among Teens for Opioid Poisonings Increase, Study Shows*, Teen Vogue (Feb. 13, 2017) (online at www.teenvogue.com/story/teens-opioid-poisonings-painkillers-hospitalizations-teen-story).

¹¹ White House, *Continued Rise in Opioid Overdose Deaths in 2015 Shows Urgent Need for Treatment* (Dec. 8, 2016) (online at obamawhitehouse.archives.gov/the-press-office/2016/12/08/continued-rise-opioid-overdose-deaths-2015-shows-urgent-need-treatment).

¹² See note 4.

internationally.¹³ In fact, Mundipharma uses many of the same tactics that caused the opioid epidemic to flourish in the U.S., though now in countries with far fewer resources to devote to the fallout.


In some places, Mundipharma companies hold “training seminars,” where doctors are encouraged to overlook their concerns about opioids and prescribe painkillers for chronic pain. Some Mundipharma materials have attempted to downplay the risk of addiction, recalling Purdue’s early OxyContin marketing in the 1990s. Those marketing materials eventually led to federal drug misbranding charges and a \$635 million judgment against Purdue. Mundipharma also brings American doctors to other countries to promote the use of opioid painkillers to local physicians. This, too, was a common practice by Purdue to push OxyContin in the U.S.

The international health community has a rare opportunity to see the future. Though the rate of opioid use disorder remains relatively low outside of the United States, that can change rapidly. The rate is likely to rise if events follow the same pattern as in the United States, starting with the irresponsible—and potentially criminal—marketing of prescription opioids. From 1999 to 2014, the rate of opioid-related overdose deaths in the United States nearly quadrupled.¹⁴ Opioid use disorder is on the rise globally now—current European rates are similar to rates in the United States in the early 2000s, and the WHO has struggled to address rising dependence on Tramadol in at least eight countries.¹⁵

We urge the WHO to learn from our experience and rein in this reckless and dangerous behavior while there is still time.

Do not allow Purdue to walk away from the tragedy they have inflicted on countless American families simply to find new markets and new victims elsewhere.

Sincerely,


Katherine Clark
Member of Congress


Hal Rogers
Member of Congress

¹³ *Id.*

¹⁴ Department of Health and Human Services, *The Opioid Epidemic: By the Numbers* (Jun. 2016) (online at: www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf).

¹⁵ See note 11; *Opioids: Sierra Leone's Newest Public Health Emergency*, Al Jazeera (Feb. 14, 2017) (online at www.aljazeera.com/indepth/features/2017/01/opioids-sierra-leone-newest-public-health-emergency-170119093804569.html).



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APPENDIX C: THE EIGHT GROUPS WITH FINANCIAL RELATIONSHIPS TO THE OPIOID INDUSTRY THAT PROVIDED INPUT ON THE *DELPHI STUDY REPORT*¹³⁸

1. The IASP (see Table 1, IASP);
2. The European Association of Palliative Care (EAPC), which has held events sponsored by Mundipharma and other opioid manufacturers;¹³⁹
3. The Pain & Policy Studies Group at the University of Wisconsin;
4. The European Federation of IASP Chapters (EFIC) (see Table 1, IASP)¹⁴⁰;
5. The International Union Against Cancer, also known as the Union for International Cancer Control (UICC), which receives funding from Teva, Sanofi, and AbbVie, the newer incarnation of Purdue's old marketing partner, Abbott Laboratories;¹⁴¹
6. The World Institute of Pain (WIP), which has received funding from Mundipharma and Teva;¹⁴²
7. The IAHPC (see Table 1, IAHPC); and
8. FEDELAT, the Latin American Federation of IASP chapters (see Table 1, IASP).¹⁴³

¹³⁸World Health Organization, "*WHO Normative Guidelines*," at 44-47.

¹³⁹See note 109 (Official Journals); Carlos Centeno, "Latest report from the EAPC Task Force on the Development of Palliative Care in Europe," *European Association for Palliative Care*, 13, 2006: 149-151, www.researchgate.net/profile/Carlos_Centeno/publication/282493927_Latest_report_from_the_EAPC_Task_Force_on_the_Development_of_Palliative_Care_in_Europe/links/5684031c08ae1e63f1f1c2b6/Latest-report-from-the-EAPC-Task-Force-on-the-Development-of-Palliative-Care-in-Europe.pdf.

¹⁴⁰International Association for the Study of Pain, "Membership," "Chapters," last modified 2018, (accessed May 19, 2019) <https://www.iasp-pain.org/EFIC>.

¹⁴¹Union for International Cancer Control, "Our Partners," (accessed on Sep. 25, 2018) www.uicc.org/who-we-work/partners/our-partners.

¹⁴²World Institute of Pain, "8th World Congress of the World Institute of Pain, Industry Support and Exhibition Prospectus," May 20-23, 2016, at 17, wip2016.kenes.com/Documents/WIP%202016%20Prospectus_non%20priced.pdf.

¹⁴³International Association for the Study of Pain, "IASP Day at FEDELAT Congress Extends Latin America Outreach," Nov. 15, 2017, (accessed May 20, 2019) <https://www.iasp-pain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=6866>.